BULKLEY (L.D.)

ON THE

NOMENCLATURE

AND

CLASSIFICATION

OF

DISEASES OF THE SKIN.

BY

L. DUNCAN BULKLEY, A.M., M.D.,

Physician to the Skin Department, Demilt Lispensary, New York;
Attending Physician for Skin Diseases at the Out-Patient
Department of the New York Hospital, etc.



NEW YORK:
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HILE it is granted that the discussion of the Nomenclature and Classification of Diseases of the Skin is of an importance far secondary to that in regard to their nature and cure, it must be yielded that a correct understanding of the principles of nomenclature and classification of any order of diseases is essential to a full understanding of the branch of medicine to which those diseases naturally belong. It has seemed best, therefore, to present to the readers of the Archives a scheme which, we believe, if utilized by those engaged in dermatology, will assist much in a comprehension of the subject and thus secondarily will aid them in managing this class of affections.

The classification which follows is not presented as a new one, indeed it possesses very few elements of real novelty, but it is an effort to harmonize the classifications now in practical use by many, and to present the entire subject in a concise, clear, and practical

manner.

It is not presented as a classification which we should wish to adopt as a final one, but it is offered as a report of progress, representing, as I conceive, the present state of opinion of the greatest number of those who are, from clinical experience, best able to judge of the requirements and proprieties of a Nomenclature and Classification of Diseases of the Skin: this scheme is open to criticism, I am well aware, and I am also open to conviction in regard to any of its elements, and expect to make such changes in it in the future as advancing studies in dermatology will show to be advisable.

The present classification is based, as will be seen, very largely upon that of Hebra, the main principles of which have stood the test of nearly a quarter of a century of hard work and active criti-

cism, and which is to-day the accepted guide of many teachers in this and other countries. In preparing this nomenclature and classification, however, I have taken advantage of suggestions from Neumann, Duhring, and others, including French and English writers, and, while the elements of the German arrangement of Hebra predominate greatly, his arrangement will be found to be greatly modified and simplified, so as to form really a new one which may be properly called an American classification, for use in studying and teaching dermatology in this country.* Such an arrangement as the following I consider to warrant far better the title of a Clinical Classification than the ones, such as that of Wilson, for which this name has heretofore been claimed. The main general elements of novelty in the present scheme may now be briefly noticed; matters relating to nomenclature and arrangement of separate diseases will be referred to later.

The class of "Parasitic Affections" I have placed first, as being the first group which has reached the *ultima Thule* or final limit in classification, namely an etiological basis; this class has long been accepted even in classifications claiming a histological basis.

The second class, that of "Glandular Affections," is made to embrace all those diseases already recognized as such, but separated by writers under many different names and heads; this class rests on a pathological and clinical, rather than on an etiological or histological basis, but we believe it to be sound in theory and useful in practice.

As the next best recognized and most clearly defined clinical class, with a beginning of histological support as far as relates to herpes zoster and trophic disturbances, we place the "Neuroses" of the skin, a class which is continually being more and more clearly defined, and which receives recognition in many classifications.

The remainder of the classes, as also most of the diseases under them, correspond to those of Hebra, with certain exceptions. Thus, his class of Anæmiæ, or anæmic affections, which I have never observed clinically, if it exists at all, does not find a place here; also his two classes of benign new formations and malignant new formations are united in our ninth class; and his class of "Ulcera cutanea," which includes the primary venereal ulcers and varicose and other ulcers of the leg, is also omitted; thus the present arrangement has but nine classes instead of twelve, as proposed by Hebra.

. With this much of introduction the classification is presented, after which the principles of Nomenclature and their application in

this scheme may be considered.

^{*} This classification has been prepared primarily for the use of classes in Dermatology at Demilt Dispensary, and is printed on a folded card of four pages, a little larger than a postal card, for convenience of pocket reference. The Editor will here state that the Digest Department of the "Archives" has been from the first divided up on a plan very similar to that indicated by this classification, and also that in future, as far as any editorial work in this Journal is concerned, this nomenclature and classification will be adhered to; contributors will, of course exercise their discretion in regard to terms, etc., employed.

LESIONS OF THE SKIN.

A. PRIMARY LESIONS.

- r. Macula; spot, macule.
- 2. Papula; papule.
- 3. Vesicula; vesicle.
- 4. Bulla; bleb.
- 5. Pustula; pustule.
- 6. Pomphus; wheal.
- 7. Tubercula; tubercle.
- 8. Phyma; tumor.

B. SECONDARY LESIONS.

- 1. Squama; scale.
- 2. Crusta; crust.
- 3. Fissura; fissure.
- 4. Excoriatio; excoriation.
- 5. Ulcus; ulcer.
- 6. Cicatrix; scar.

CLASSIFICATION.

OF

DISEASES OF THE SKIN.

- CLASS I. Morbi cutis parasitici. Parasitic Affections.
 - " II. Morbi glandularum cutis. Glandular Affections.
 - " III. Neuroses. Neurotic Affections.
 - " IV. Hyperæmiæ. Hyperæmic Affections.
 - " V. Exudationes. Exudative Affections.
 - " VI. Hæmorrhagiæ. Hæmorrhagic Affections.
 - " VII. Hypertrophiæ. Hypertrophic Affections.
 - " VIII. Atrophiæ. Atrophic Affections.
 - " IX. Neoplasmata. New Formations.

Class I. Morbi cutis parasitici. Parasitic affections.

A. VEGETABLE.

I. Tinea trichophytina (parasite—
Trichophyton
tonsurans)

Trichophyton
tonsurans)

Tinea favora
curis (or circinata.)
capitis (or tonsurans.)
curis (or sycosis parasitica.)
curis (or eczema marginatum.)

2. Tinea favosa (parasite—Achorion Schænleinii.)

3. Tinea versicolor (parasite-Microsporon furfur.)

B. ANIMAL.

1. Phthiriasis capitis capitis (parasite—Pediculus.)
2. Scabies (parasite—Acarus scabiei.)

Class II. Morbi glandularum cutis. Glandular affections.

A. DISEASES
OF THE

SEBACEOUS GLANDS. I. Due to faulty secretion or excretion of Sebaceous 1. Acne sebacea 2. Acne punctata

matter.

corea corea (or seborrhœa.)
cornea (or xeroder ma.)
nigra (or comedo.)
albida (or milium.)

3. Acne molluscum.

II. Due to inflammation of sebaceous glands with 5. Acne indurata, surrounding tissue. 5. Acne rosacea.

L. DUNCAN BULKLEY;

B. DISEASES OF THE SWEAT GLANDS.

As to quantity of (1. Hyperidrosis. secretion 2. Anidrosis.

II. As to quality of \(\)3. Bromidrosis. 4. Chromidrosis. secretion.

III. With retention 5. Dysidrosis. of secretion. 6. Sudamina.

Class III. Neuroses. Neurotic affections.

1. Herpes zoster (or zona.)

2. Pruritus.

3. Dermatalgia.

4. Hyperæsthesia cutis.

5. Anæsthesia cutis.

6. Trophic disturbances.

Class IV. Hyperæmiæ. Hyperæmic affections.

ACTIVE.

{ 1. Erythema simplex { idiopathicum. traumaticum.

2. Roseola.

B. PASSIVE.

B. OF INTERNAL

OR OF LOCAL

ORIGIN.

1. Livedo mechanica.
2. Livedo calorica.

Class V. Exudationes. Exudative affections.

A. INDUCED BY INFECTION OR CON-TAGION.

Morbilli. 2. Scarlatina. Variola. 3.

4. 5. 6. Vaccinia. Pustula maligna. Equinia (or glanders.) Diphtheritis cutis.

9. Erysipelas.

Varicella.

I. Erythematous.

1. Erythema { multiforme. nodosum. Urticaria. (simplex.

II. Papular.

Lichen planus. scrofulosus. Prurigo. febrilis.

III. Vesicular.

iris. Herpes. progenitalis. gestationis. 6. Hydroa.

IV. Bullous.

{ vulgaris. } foliaceus. 7. Pemphigus

V. Pustular.

8. Sycosis. 9. Impetigo.
10. Impetigo contagiosa.
11. Ecthyma. Impetigo.

VI. Erythematous, papular, ves-icular, pustular, etc.

12. Eczema. (calorica. venenata. 13. Dermatitis traumatica.

VII. Squamous. 14. Psoriasis. 15. Pityriasis rubra.

VIII. Phlegmonous.

16. Furunculus. 17. Anthrax.

Class VI. Hæmorrhagiæ. Hæmorrhagic affections.

 Purpura. sample sample

2. Hæmatidrosis (or bloody sweat.)

3. Scorbutus.

Class VII. Hypertrophiæ. Hypertrophic affections.

A. OF PIGMENT. { 1. Lentigo. 3. Nævus pigmentosus. 4. Morbus Addisonii. 5. Callositas (or tylosis.) 2. Ichthyosis. 3. Cornu cutaneum 6. Verruca. { 1. Lichen pilaris. 5. Callositas (or tylosis.) 2. Ichthyosis. 4. Clavus. { 2. Clavus. 4. Clavus. 5. Callositas (or tylosis.) 4. Clavus. 5. Callositas (or tylosis.) 5. Callositas (or tylosis.) 6. Callositas (or t

C. OF CONNECTIVE { 1. Scleroderma. 3. Morphæa, 4. Elephantiasis (Arabum,) 5. Dermatolysis.

D. OF HAIR.

1. Hirsuties.
2. Nævus pilosus.
E. OF NAIL.
1. Onychia,
2. Onychauxis.

Class VIII. Atrophiæ. Atrophic affections

A. Of Pigment, { I. Albinismus. 2. Leucoderma (or vitiligo.) 3. Canities.

B. Of Corium. 1. Atrophia cutis. 2. Atrophia senilis.

C. Of Hair.

[1. Alopecia. 2. Alopecia areata.
3. Atrophia pilorum (or fragilitas crinium.)

Onychatrophia.

Class IX. Neoplasmata. New formations.

I. BENIGN NEW FORMATIONS.

A. Of Connective (1. Keloid. 2. Molluscum fibrosum (or fibroma.)
3. Xanthoma (xanthelasma or vitiligoidea.)

r. Lupus { vulgaris. erythematosus.

B. CELLULAR. 2. Scrofuloderma.

3. Rhinoscleroma. 4. Syphiloderma.

C. Of Blood Vessels. { 1. Nævus vasculosus. 2. Telangiectasis.

D. OF LYMPHATICS. { 1. Lymphangioma cutis. 2. Lymphadenoma cutis.

E. OF NERVES. Neuroma cutis.

II. MALIGNANT NEW FORMATIONS.

r. Lepra. { tuberculosa maculosa anæsthetica } (or elephantiasis Græcorum.)

2. Carcinoma. { epitheliomatosum (or epithelioma.) papillomatosum (or papilloma.)

3 Sarcoma. { idiopathicum. pigmentosum.

In adopting a Nomenclature I have (with one exception to be mentioned later) followed a plan which has been more or less recognized by several writers, of selecting, as far as possible, words derived from the Greek for the primary name of the disease, while secondary terms and expletives are given always in Latin, a plan which has been heretofore followed in making the report of my Dispensary work during the past three years. Where it was thought that the term given was not sufficiently clear, synonyms have been introduced.

Under parasitic diseases, the affection tinea trichophytina or ringworm in its various forms, has been designated by names signifying the various portions of the body affected; thus, tinea circinata, the old herpes circinatus, or ringworm of the body, here has the designation "tinea corporis," indicating its location; tinea capitis (trichophytina), replaces the old herpes tonsurans, or tinea tondens, etc.; tinea barbæ is the more proper designation for the parasitic sycosis, thus leaving the name sycosis for the ordinary non-parasitic peri-follicular disease; while eczema marginatum, the parasitic affection about the thighs and genitals, so long misnamed, here takes the proper name tinea cruris (trichophytina), tinea genito-cruralis would perhaps be more accurate, but the shorter term is preferred. The other names in this group do not differ from those ordinarily accepted; alopecia areata is excluded from among parasiic diseases.

The arrangement of the diseases of the sebaceous glands, and the names employed, correspond more to the French teachings, and are the same as those which I suggested four years ago, after a careful clinical study of acne and its accompaniments,* and continued observation and study has still further demonstrated to me the propriety of classing all of these affections together under the generic term acne.

Some objections might be made to placing herpes zoster among the "Neuroses," Class III.; it has never thus been located in the classifications of others, but its true nervous origin is now so incontestably demonstrated that if we wish to really base our classification on pathological facts this disease should form the centre around which we may group others whose clinical features are wholly neurotic, but whose nerve origin is at present less clearly demonstrated. In regard to the "trophic disturbances" placed in this class, as far as I am aware, these have never entered any previous classification of diseases of the skin, and it would be difficult to place them anywhere but in the present location, for they may present many if not all the phenomena exhibited in other cutaneous maladies, erythema, vesiculation, atrophy, etc. It would, perhaps, be better to give a Latin equivalent for the name, but the subject of "trophic disturbances," or the changes in tissues resulting from nerve injuries, is so recent that it does not appear best to burden it with any new elements. The other diseases in this class are those commonly placed there by those who have written on the subject.

* The American Practitioner, December, 1872.

In Class IV., "Hyperæmiæ," the names and their arrangement

are those of Hebra and Neumann, and are familiar to all.

The fifth class, "Exudative Affections," includes a large share of the more commonly met with diseases of the skin, and is at the same time the most interesting and yet the least satisfactory class; its basis is pathological rather than histological, while its two main subdivisions are purely clinical. Most of the subdivisions and the diseases under them will be readily accepted, but some differences of opinion may arise in regard to individual elements. Many recent writers have excluded the lichen simplex of older authorities, classing this papular eruption as eczema; this I do not accede to and still retain lichen simplex, acute and chronic, as a papular disease distinct from papular eczema, and also quite distinct from the other varieties here given, lichen planus and scrofulosus, as also different from the lichen pilaris, found among the epidermal hypertrophies.

It will be seen that both prurigo and pruritus enter this classification; the difference between the diseases represented by these names has not been recognized by the profession at large in this country, and I would call attention to the fact that by prurigo is understood the disease to which Hebra, and others following him, have firmly attached this name, which is a papular disease, not associated with lice nor related to pruritus, which appears under the

head of neurotic affections.

Herpes, in the present scheme is made to include several forms which have been recognized by writers under this name, except herpes zoster, which, as before mentioned, is reckoned among the neuroses; also many cases of irregular bullous disease, formerly classed as herpes phlyctenodes or as pemphigus, are here assigned a separate place with the provisionary designation of hydroa. Eczema and dermatitis are here brought together, because their lesions ofttimes closely resemble each other, and because this very proximity of relation will suggest the necessity of recognizing the purely local affair dermatitis and separating it clinically from the constitutional disease eczema.

The rheumatic form of purpura (Class VI.) has been called by some peliosis rheumatica; it is desirable that the name of a disease shall as far as possible indicate its true nature, and it is here given its proper title, purpura rheumatica, inasmuch as it is undoubtedly a form of purpura occurring in rheumatic subjects. Hæmatidrosis, or bloody sweat, and scorbutus have not generally been classed among the cutaneous hæmorrhages, the former, however, is plainly but an effusion of blood from the capillaries of the sweat glands, and the latter, scorbutus, should be recognized and described among hæmorrhages in the skin, because its cutaneous manifestations are frequent, and are very liable to be mistaken for purpura.

In Class VII., under connective-tissue hypertrophies, I have included both scleroderma and scleremia neonatorum as separate diseases, as they are generally recognized and described as such, although some confusion exists yet in reference to their true points of similarity and difference. Morphæa is classed by Duhring among

the atrophies of the skin, he stating that "the more important changes which take place are manifestly of an atrophic nature;" Fox places it among the hypertrophies. By morphæa I understand the same disease which Duhring has so well described, but I take issue with him in regard to the process of disease, which I regard to be an hypertrophy rather than an atrophy, the hardening resembles that of scleroderma in some of its features, but distinct, differences exist, and the final result in morphæa is less of an atrophic process than is that of scleroderma, as I have elsewhere shown,* and yet scleroderma is recognized by all as an hypertrophic disease; morphæa appears to be rather a lardaceous infiltration of the connective tissue; researches are needed in order to determine its exact place in classification, for the present it must remain here.

The term leucoderma (Class VIII.) I have preferred to other terms applied to this affection, inasmuch as it corresponds to certain other names which have taken a firm hold on dermatological nomenclature, as syphiloderma, scrofuloderma, xeroderma; vitiligo signifies but little etymologically, while albinismus partialis, quite as much as leucoderma, fails to recognize the darkened borders of

the white patches.

In the ninth class, "New Formations," I have followed the Germans as closely as possible, combining, as mentioned before, the two classes of Hebra, benign and malignant new formations in one class. Epithelioma is made here to include rodent ulcer; and pigment sarcoma represents many cases of so-called melanosis.

As before mentioned this nomenclature and classification is not all that we could desire, it is based on several modes of grouping diseases, etiological, clinical, pathological, and histological (the latter especially in the ninth class), but I shall not attempt here to defend it, because its different elements have received the sanction of those well versed in dermatology, and, were a complete revolution attempted, much confusion would necessarily result and the student and those little acquainted with the subject would be thereby perplexed instead of assisted. It is sincerely hoped that those writing and reporting cases in this country will endeavor to use a uniform system of nomenclature and classification, and, after much candid study of the matter, and a due consideration of dermatological literature, the present scheme is presented as most likely, in my opinion, to harmonize and reduce to a clear and practical basis the, to many, obscure and difficult matter of the Nomenclature and Classification of Diseases of the Skin.

^{*} Archives of Dermatology, Vol. III., No. 2, January, 1877, page 100.

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L. DUNCAN BULBLEY, A. M., M. D., EDITOR.

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